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AUTHOR Mohar, Carol J.

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#### **ABSTRACT**

It is a common article of belief that each child is unique. Action based on this belief, though, is rare. Researchers have largely neglected the question of the causes of children's individual uniqueness. But, when difficulties and serious problems arise in the course of child rearing, causality is located in the dynamics of family functioning. Recent research on various problems suggests that such a narrow functionalist view of causation is inadequate and reasserts the existence and importance of individual differences and their effects. Individual differences in children have been investigated by Thomas, Chess, and Birch (1956, 1968, 1977), who identified individual characteristics of 1-month-old infants and explored the extent to which those characteristics remained constant and influenced later psychological development. The researchers identified three temperament styles: the easy, difficult, and slow-to-warm child. Inheritability of individual characteristics of personality was researched by Buss and Plomin (1975) who found support for a genetic component in the temperament dimensions of emotionality, activity, sociability, but none for impulsivity. Both sets of authors advance an interactionist model of the relation between temperament and environment; other related studies support the interactionist view. Taken together, findings suggest specific ways that differences in children's temperament affect caretaker-child relationships and differences in parents' temperament affect their initial parenting practices, (RH)

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How To Be a Good Parent: Have a Good Child

by

Carol J. Mohar

September 1984

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### Introduction

One of the most over utilized "one-liners" in history cannot be attributed to Henny Youngman. It is one with which all of you are familiar and one in which you fervently believe. That may sound presumptuous until you consider this loose translation: 'Every (person) child is a unique individual and should be treated as such by all caretakers in all situations.'

Why should this concept be referred to as a "one-liner"? Because, in most cases, that's just where it stops. Innumerable publications relating to child development, child rearing and discipline emphasize the necessity of considering each and every child a unique entity and of the need to express this concept in any interaction with this one of a kind little person. However, when it comes to the specifics of how this attitude is to be translated into action, a haze sets in. More often the text has already begun to describe the author's preferred choice of How to ... (fill in: parent, toilet train, stop thumb sucking, etc.!) which ironically and/or miraculously incorporates the concept of individuality so thoroughly that there is seemingly no need for further reference.

Even the question of from where these unique characteristics originate has been left to speculation and sparsely explored in research and in the literature.

Unfortunately, one application of the concept has been oversubscribed and negatively consistent. To whom the responsibility is given to stimulate, moderate, alter, shape, condition, reinforce, change, encourage, focus or extinguish, one, any, or all of these unique characteristics is hardly ever in question. On the whole, professionals have become content to subscribe to what Whittaker (1976) calls the "family etiology hypothesis":

"Troubled children nearly always come from families that exhibit a certain amount of pain and strain. Since the family—the parents in particular—represent the major source of the influence on the child's early development, it is reasonable to assume that the child's problem is either directly caused or unconsciously influenced by the pathology or shortcomings of the parents." (p.92)



This blanket hypothesis, however, is beginning to be accurately perceived as inadequate to cover the kingsized explosion of findings which do not support this narrow functionalistic view of causation and which insists that individual differences cannot be denied.

Studies point to a neurological and perceptual basis of autism (Whittaker, 1976; Schopler and Loftin, 1969; Rutter, 1969). Some suggest that neurobiologic factors may be involved in the etiology of some learning problems (Whittaker, 1976). What has been known to some women as monthly bouts with pain, "craziness" and wild mood swings is now being referred to as pramenstrual syndrome, or PMS, a disorder related to the menstrual cycle. Although previously dismissed as a silly female problem, most experts now think PMS is caused by a hormonal or hormonally related imbalance (Angier, 1983). Although severe cases of PMS are confined to less than 10 percent of women, researchers estimate that mild PMS affects as many as 40 to 60 percent of all women to some degree. Newspaper headlines indicate areas of further study and speculation in the area of biologically defined individual differences: "The classic migraine headache" (now thought to be triggered in some instances by certain foods); "Researchers find genes that cause depression," "Families inherit cancer syndrome," and "Research links alcoholism to genetic factors" (Herald Journal, 1980, 1981, 1982 and 1984).

And, finally, a report in the New England Journal of Medicine indicates that biological factors may play a role in anorexia (Newsweek, 1983) and a Honolulu psychologist theorizes that phobias may be caused, in part, by "incomplete lateralization" (a confusion over which side controls what) in the brain (Family Weekly, 1984).

# How Are We Different

Everyone accepts the fact that each person's fingerprints are unique, yet few realize that inborn individuality pervades every part of the body. Barry



Anson of Northwestern University in his <u>Atlas of Human Anatomy</u> shows remarkable variations in normal human stomachs, livers, nerves, and muscles and hearts. According to Anson, some anatomical features have been depicted as normal in medical books for generations, yet they probably apply to only 15 percent of the population (Williams, 1980). Additionally, specific chemical reactions involved in metabolism may take place 10 or more times as rapidly in men of similar height and weight. Balance studies (measures of the amount of a nutrient a person needs to maintain a steady concentration in the blood and tissues) of 19 healthy men showed the requirement for calcium varied more than fourfold, from 220 mg. per day to 1,018 mg. per day. Balance studies of nitrogen, performed to test the requirements for essential amino acids, each of which must be present in adequate amounts, showed that the needs of individual adults may vary from two to sevenfold (Williams, 1980).

With innumerable illustrations ranging from stomachs to hearts, livers and sinuses, Williams (1980) is able to effectively remind his readers of another truism: That individuals vary in all aspects even within a normal range.

Evidence of Inborn Differences

Major studies relating to individual differences in children are those of Thomas, Chess and Birch (1956, 1968, 1977). They were interested in identifying characteristics of individuality in behavior during the first months of life and exploring the degree to which these characteristics might remain constant and impact on later psychological development. Using the parents as observers the researchers were able to generate nine reliably scored attributes of temperament. The categories included descriptions rather than interpretations of the dimensions of a child's style of behavioral reactivity to the world. Interpretations from parents such as "He likes to be bathed" or "He is afraid of new people" were rejected and behavioral descriptions such as "He spit out the first spoonful of cereal and when another was offered he turned his head to the side" were insisted upon.



These nine characteristics are presented as described and exemplified by Jackson (1978):

Activity level, rated as high, medium, or low, refers to the vigor of an infant's movements while being dressed, handled, bathed, and fed (and later, when reaching, crawling, and walking), as well as to the relative proportions of active and inactive periods as in the sleep-awake cycle. A parent would indicate a high level of activity with such statements as "She's impossible to dress, she squirms so," and a low activity level, "In the bath he lies quietly and doesn't kick." Rhythmicity of behavior covers the degree of regularity of repeated functions, such as feeding and sleeping, rated as very regular, varying, or irregular. A baby who falls asleep at about the same time each night and wakes up about the same time every morning would be described as very regular, for example.

Approach or withdrawal relates to the baby's reactions to anything new, such as a new toy, food he has never eaten before, or the approach of a stranger. It is rated as positive approach, partial withdrawal, or withdrawal. A parent's statement that "Ne always smiles at strangers" would be rated positive approach, and "It takes him a long time to warm up to a new toy," as withdrawal. Adaptability is the case with which infant behavior in new or changed situations can be successfully modified in desired directions. The infant is rated as very adaptable, slowly adaptable, or nonadaptable. The infant of a parent who says "He used to spit out cereal whenever I gave it to him, but now he takes it fairly well" shows adaptability. Infants are assessed as nonadaptable on the basis of such parental statements as "Whenever I put her snowsuit on she screams and struggles."

Intensity of reaction is equivalent to the intensity of response studied in newborns and is rated as low, mild, or intense and characterized as negative or positive. An intense positive reaction is exemplified by "Whenever she hears music she begins to laugh and to jump up and down in time to it," and an



intense negative reaction by "He cries whenever the sun shines in his eyes."

On the other hand, threshold of responsiveness, rated as high or low, refers to the intensity of sensory stimulation required to elicit a discernible reaction. A high threshold for visual stimuli and a low threshold for auditory stimuli would be indicated by a parent's saying, "You can shine a bright light in his eyes and he doesn't even blink, but if a door closes he startles and looks up."

Distractibility is again related to response to stimulation. The behavior of a distractible infant can be altered or interfered with easily, but that of a nondistractible infant is difficult to change. An infant who stops crying when picked up is distractible, for example, but nondistractible if he keeps on crying when picked up or given a toy.

Quality of mood refers to the general emotional quality of an infant's behavior. Moods are rated as positive, slightly negative, or negative. A parent's statement that "Whenever we put him to bed he cries for about 5 to 10 minutes before falling asleep" would be assessed as negative, but "Whenever he sees me begin to warm his bottle he begins to smile and coo" as positive.

Finally, attention span and persistence distinguish babies' temperaments. The attention span is the length of time an infant continues with a particular activity; persistence is the length of time the infant will continue when faced with obstacles. Both are rated high or low. If an infant continues pouring water from a glass into the tub for a long time, his attention span would be judged high, and if he continues despite his mother's saying "No," his persistence would rate high as well. Some infants will struggle to make a toy work, for example, and have a high tolerance for frustration, while others will give up at the slightest difficulty.

Thomas, et al, found that most of the children (65%) fell into three temperament clusters or categories. The label indicates the child's reactivity pattern:



1. The easy child (40% of the sample)

Cheerful; had regular sleep patterns, approached new situations with interest, and adapted readily to changes in the environment.

2. The difficult child (10% of the sample)

Very irregular in sleep and feeding; reacted intensely to frustration; was generally negative in mood and withdrew passively from unusual events or people.

3. The slow-to-warm child (15% of the sample)

Relatively inactive and quiet; likely to withdraw at least initially in the presence of novel objects or people; somewhat negative mood.

The researchers determined that these temperament styles were not systematically related either to the parents method of child rearing or to the parent's own personality styles.

Of the total number of children in the Thomas et al project, 42 percent eventually developed problems severe enough to call for psychiatric attention. About 70% of the difficult children developed such problems, only 18 percent of the easy children did so, and approximately 40% of the slow to warm children.

Additional studies indicated that the types of temperament styles were associated with differential reactions on the part of significant others in the child's environment. After successfully rating their students in respect to their temperament styles, teachers were asked to estimate the intelligence of these students. The estimates tended to represent an overestimation of the easy children's intelligence and an underestimation of the slow to warm children's intelligence.

# A Second Opinion

Criticism of the Thomas, et al. The Thomas studies include the claim that it did not go far enough. Establishing that individual differences are present at birth may be consistent with inheritance, but does not prove the point. Are certain personality features or traits really inherited? Definitely! Say



some researchers (Buss and Plomin).

Buss & Plomin suggest five criteria to be used in deciding which personality dispositions should be called temperaments.

"The crucial one is <u>inheritance</u>, which is central to the remaining four.

An inherited component leads forward to developmental expectations of <u>stability</u> during <u>childhood</u> and <u>retention into maturity</u>. And it may be traced backward to <u>adaptive value</u> and <u>presence in our animal forebears</u>." (p. 9)

Under the acronym EASI the researchers suggest four temperaments that may fulfill these criteria:

Emotionality - equivalent to intensity of reaction

Activity - total energy output

Sociability - consists mainly of affiliativeness

Impulsivity - tendency to respond quickly rather than inhibiting the response

TABLE 1.1 FOUR TEMPERAMENTS

| Temperament  | Extremes of the dimension                                      | Aspect of behavior  How much Intensity How close to others (proximity seeking) Quickness vs. inhibition of response |  |  |  |
|--|--|---|--|--|--|
| Activity<br>Emotionality<br>Sociability<br>Impulsivity | Active-lethargic<br>Emotional-impassive<br>Gregarious-detached |   |  |  |  |



## EASI Temperament Survey & Sample

Buss & Plomin constructed a 20 item questionnaire, five items for each temperament (see Table 1.2). Each item was rated on a scale of 1 (a little) to 5 (a lot). For each temperament the possible range of scores was 5 to 25.

# TABLE 1.2 THE EASI TEMPERAMENT SURVEY (I)

# menty.

#### Emotionality

Child gets upset easily
Child tends to cry easily
Child is easily frightened
Child is easygoing or happy-go-lucky (reverse)
Child has a quick temper

## Activity

Child is always on the go
Child likes to be Off and running as soon as he wakes up in the morning
Child cannot sit still long
Child prefers quiet games such as block play or coloring to more
active games (reverse)
Child fidgets at meals and similar occasions

#### Sociability

Child likes to be with others
Child makes friends easily
Child tends to be shy (reverse)
Child tends to be independent (reverse)
Child prefers to play by himself rather than with others (reverse)

#### Impulsivity

Child tends to be impulsive Learning self-control is difficult for the child Child gets bored easily Child learns to resist temptation easily (reverse) Child goes from toy to toy quickly



Mothers of 138 pairs of same-sexed twins (81 identical, 57 fraternal) completed the temperament survey by rating both of their twins. All were members of the Mothers of Twins Club. Salient characteristics of the sample included:

- average age of twins: 55 months

- age range of twins: one to nine years

- ethnicity: Anglo

- average income for families: \$14,500

- (on average) mothers had completed two years of college

Correlations were computed for each item of the EASI Temperament Survey. The researchers concluded that the patterns of correlations in Table 1.3 argues strongly for a genetic component in at least three of the temperaments; the cost for impulsivity still in question.

TABLE 1.3 CORRELATIONS\* AND STANDARD ERRORS FOR THE SCALES OF THE EASI TEMPERAMENT SURVEY (I)

|                      | Boys                    |       |                      |       | Girls                |                |                      |               |
|----------------------|-------------------------|-------|----------------------|-------|----------------------|----------------|----------------------|---------------|
|                      | Identical<br>(38 pairs) |       | Fraternal (33 pairs) |       | Identical (43 pairs) |                | Fraternal (24 pairs) |               |
|                      | r                       | SE    | r                    | SE    | _r                   | SE             | r                    | SE            |
| Emotionality         | .68                     | (.12) | .00                  | (.18) | .60                  | (.13)          | .05                  | (.21)         |
| Activity             | .73                     | (.11) | .18                  | (.18) | . 50                 | (.13)          | .00                  | (.21)         |
| Sociability          | .65                     | (.13) | .20                  |       | . 58                 |                | .06                  |               |
| Impuls <b>iv</b> ity | .84                     |       | .05                  | (.18) | .71                  | (.13)<br>(.11) | .59                  | (.21) · (.17) |
| Impuls <b>iv</b> ity | .84                     | (.09) | .05                  | (.18) | .71                  | (.11)          | .59                  | (.17)         |

<sup>\*</sup>Correlations listed are intraclass correlations that are equivalent to product-moment correlations computed by the double-entry method in which each pair of twins is entered twice with the order of the twins reversed.

Incorporating several revisions along the way the researchers also produced and administered

- a. A self report inventory for adults to a sample of 162 men and 207 women
- b. A revised self-report adult version (EASI-II) to a college sample of 82 men and 89 women.

They further assessed the reliabilities of the children's rating version and the adult self-report version. Mothers rated their nursery school children and themselves (EASI-I) and then rated their children and themselves again about a month later.



Although analyzed as separate concepts, these four temperaments more often occur in combinations. Introversion-extroversion is defined by a combination of sociability and impulsivity with an extrovert being high on both. If placed on a continuum, a person can be judged to be above average or below average on each temperament. An average amount of temperament is ignored.

To illustrate the concept of the continuum, the authors use the example of the syndrome hyperactivity and hyperkinesis. They argue that to acquire this label a child is generally high in <u>both</u> activity and impulsivity. And a high active child who is average or below in impulsivity (indicating more control over his/her behavior) will not be seen as hyperkinetic. They support this position by pointing out that distractibility continues as a serious problem with many hyperkinetic boys becoming delinquents when they reach adolescence. Further, the stimulant drugs which help some hyperkinetic children appear to affect impulsivity, not activity. They help the child focus his/her attention and perhaps exercise greater control over his/her behavior.

The adult disorder of mania is marked by incessant overactivity and hasty, impetuous behavior. There is an established hereditary component and perhaps what is inherited is a combination of two temperaments, activity and impulsivity. (p. 185).

Buss and Plomin illustrate other categories in the following way:

High Activity & Low Emotionality

- A classic American hero; strong, silent person who gets the job done with a minimum of fuss and bother.
- Relatively unflappable and highly productive
- Sought by military, business, engineering, the space program

# High Activity & Low Sociability

- enjoys and seeks solitary activities
- avoids, social interactions whenever possible



- marathon or cross-country runner
- suited to be a pioneer
- a loner with energy to burn

## High Activity & High Sociability

- attends many meetings, makes new friends, forms new groups
- organizes those around him into more coherent assemblies
- will push on only if others can be convinced
- usually well adjusted and liked by others
- could easily become meddlesome and intrusive

## High Emotionality (fear) and High Impulsivity

- women: hysteria syndrome
- childish, complaining, impetuous, seductive
- numerous bodily complaints
- men: problem more of controlling anger
- truculent, troublesome and difficult to control
- category may also apply to psychosomatic problems

# Low Emotionality and Low Impulsivity

- neat, orderly, cautious and inhibited
- make good librarians and accountants
- may lack sparkle and zest (may bore you to death!)

# High Emotionality & High Sociability

- tends to be socially anxious
- strongly motivated to seek the company of others, but is inhibited by strong fear
- initial shyness and reserve is followed by close friendship and relaxed socializing

# High Emotionality (fear) & Low Sociability

- others are not seen as a source of reward and they are to be feared
- shy, seculsive and isolated (schizoid) 13



## High Sociability & High Impulsivity

extrovert

### Low Sociability & Low Impulsivity

introvert

The researchers also provide a comprehensive analysis of two behavior patterns involving three temperaments. Psychopathy involving high impulsivity, low sociability, and low emotionality; and aggressiveness being most likely in a person who is high in activity, emotionality, and impulsivity.

## Nature and Nurture

(You Can't Have One Without the Other)

The studies of Thomas, et al, support the view that temperamental traits are partially the result of biological factors. This is certainly not out of line with the general view that in some areas, such as intelligence or height, what is inherited is a range of reaction. Further, it is commonly accepted that these inherited aspects can be modified by the environment.

This path , however, is too one directional for the authors of these studies. They prefer an interactional  $\iff$  temperament model which stresses that temperament and environment interact  $\iff$ ; each affecting the other. Buss and Plomin see temperament as affecting the environment in three ways: setting the tone, initiating behavior, and through reinforcement. While the environment is simultaneously acting on the person in a precisely reciprocal way, there are limits. Even an intense environmental pressure, they argue, cannot radically alter a temperament disposition (Example: A low-active child cannot be made into a "perpetual motion machine," and a high-active child cannot be made to keep still and play quietly over long periods of time. Each child would eventually return to his unborn level of activity.)



#### In summary:

"The social environment may be <u>shaped</u> by temperament initially or through feedback. Temperament may determine which environments are <u>selected</u>. There are limits to the <u>impact</u> of the environment, and temperament-environment mismatches can lead to strain." (p. 5)

Thomas et al totally support this reciprocal emphasis. Since each child, they contend, does have an individually defined pattern of reactivity they may react to an identical environmental situation or event in a manner entirely different from another child. The child's reactions impact on the significant others in the child's environment by encouraging, reinforcing or changing their behaviors. Feedback is then given to the child and the cycle begins again.

Sameroff (1980) supports this view in advocating the Transactional Model of Development. He contends that at each moment, month, or year the characteristics of both the child and his environment change in important ways. Moreover, these differences interdependent and change as a function of their mutual influence on one another. The child alters his environment and, in turn, is altered by the changed world he has created.

There is also supporting evidence that the child partly controls the amount of socialization, stimulation, and caretaking offered by the parents and, consequently, the child can suffer lags in development which are reflected in poor performance or tests measuring 1Q (Segal & Yahraes, 1978). Children themselves may also determine the degree of their parents protectiveness (Segal and Yahraes, 1978). The functional view of overprotectiveness promotes the view that the parent began with an out-going, socially adept child and changed them into the shy, retiring, fearful, cautious youngster that is seen today. Emphasis on individual differences opens the doors of possibility to the fact that the child has always demonstrated these traits and has been a force in conditioning the parents behavior.



## Effects of Temperament on Caretaker-Child Relationships

Because of the adaptability of the Easy children, they are likely to respond positively to various kinds of handling, to be easy to interact with and be the source of limited child-management difficulties. Thomas (1956) cites the example of an easily adaptable child with predominantly mild and positive reactions who remained cheerful and gregarious through nursery school and kindergarten, in spite of her difficulty in making herself understood by teacher and classmates because of a severe delay in her speech development.

Although these characteristics may be prominent, there are other considerations. Easy children may so easily and thoroughly adapt to caregiver routines at home that they may find it difficult to adjust to different routines outside the home. A very adaptable child who is neither very persistent nor very intense will simply let the parent take over and will not learn to do things for himself/herself. This child's development may be more affected by overprotective parents than the assertive, persistent child who will struggle against his/her parents' interference and continue trying to master new activities and tasks on his/her own. The parent may also be more apt to move in and talk for a child who has communication difficulties if this is an easy, pliable child who permits the intrusion of the parent and is content to let others do for him/her.

A slow to warm child may tend to take a good deal of time to adjust to new situations and other new stimuli. They may prove a font of mixed messages for parents and other caregivers. If left to their own resources, they may never try anything new and, if pushed too prematurely, may withdraw or become extremely negative. Thomas (1956) gives the example of one mother who had learned to patiently wait out her son's first negative reactions to anything new. The mother shared these expectations with the teacher and, after an initial difficult phase, he became a superior and imaginative student. The slow starter often meeds more practice with letters, sounds, words, numbers and ideas just as he/she needs more



exposure to new people, new foods, and new places before he/she can make himself/ herself at home with them. This child can be discouraged easily by impatient teachers and caretakers. A demanding parent might push this type of child into new situations too often and too quickly; the child's natural tendency to withdraw in such situations might result in a lonely child with few interests.

Jackson (1978) indicates that finding routines to which difficult babies will adapt requires great patience, effort, and tolerance on the part of the parents. If parents are impatient, inconsistent, or punitive, difficult infants are likely to react negatively. Since the baby's erratic pattern may make it difficult for the parents to identify true hunger, a set and consistent schedule may be preferred to a self-demand feeding schedule. Although a rigid regime may prove problematic, on the whole, the difficult child may need imposed patterning to move toward increased regularity in all areas.

Problems also can arise when a child's temperament does not match parental expectations. Thomas gives two illuminating examples:

The mother of a five year old brought him for therapy fearing he was schizophrenic. She described him as being very quite and withdrawn, refusing to play baseball or skate or go outdoors. She had been a tomboy and continued to be an active vigorous woman. She wanted to live a real "boy's life" through her son. The boy, by contrast, was a slow-to-warm, quiet but competent. When pushed he resisted in his characteristic fashion, by quiet retreat. Without the pressure from his mother he slowly found his role in the group. Although never a star athlete, he was included in the games and often called on to make decisions, settle disputes and umpire close plays.

Another mother requested therapy feeling that her very active, curious, distractible youngster was so mild he must be ill. When the mother was advised that he would probably not be able to become her ideal,



a studious child who could play quietly for long periods by himself, she relaxed and changed her approach. The child's "wildness" also subsided.

The researchers also give examples that illustrate that a parent's preference for one child over another can be a reactive response rather than indicative of unconscious needs. One mother relaxed considerably when made aware that her perceived rejection of her daughter (temperamentally quiet, solemn and negative) and preference for her son (temperamentally responsive, active, likeable) could be related to a natural response to their personality make-up. The mother was observed to be affectionate and attentive to both children. Her fears of producing a homosexual son were abated.

## Parents Have Temperaments Too

The primary determinant of initial parental practices appears to be previous learning. This can occur through exposure to parental models, by imitation or direct teaching. Secondary sources of knowledge would include books, magazines, television, radio, etc.

Buss and Plomin contend that a less patent but important determinant of initial parental practices is the parents' temperament. For instance, a high active parent is likely to intrude considerably into the child's life with the same vigor he devotes to all activities. He may tend to control the child more and put the child toward high energy behavior. The lethargic parent, on the other hand, has less energy to spare on the child and, therefore, may tend to be less controlling and demanding, and perhaps even neglectful.

A highly social parent would be loving and would at least lean away from punitiveness (to avoid rejection or being rejected). He might also demand affection from the child, especially if other sources of affection were scarce. The low social parent would not offer love easily or freely and would be amenable to punishing or neglecting the child. The child-parent bond would be less rewarding



for him, and he might consider the child as something of a burden.

The child can also elicit new or different behavior from the parent. The relatively inert child may good the parent into stimulating him, and the excitable uncontrolled child may force the parent to damp his behavior (p. 217).

Feedback causes the parents to modify their parental practices. If they are successful in achieving control, socializing the child, and keeping the child reasonably content the practices will tend to be strengthened. If they fail, they will be weakened. A major contributor to this feedback is the child's temperament.

The child's temperament can elicit new parental behaviors or changes in childrearing practices. The "troublesome child" forces more control. The trouble
typically concerns the child's excessive impulsivity or emotionality. Parents
vary considerably in how much turmoil and behavioral excess they will tolerate,
and a major determinant of such tolerance is parental temperament.

The parent-child interaction has three components: parental child rearing practices, the impact of which is in part determined by the child's temperament: the eliciting effects of the child's temperament, which are in part determined by parental temperament, and modeling, the extent of which is partly determined by parent-child similarity in temperament.

# Ramifications and Recommendations

The narrow functionalist view of causation of childhood and family disturbances does not consider all three possibilities for analysis of parent-child interaction:

(a) parents to child, (b) child to parents, and (c) parents to child and child to parents. Helping professionals have placed emphasis on (a) rather than the other two possibilities and have focused on the child as only a respondent in the interactive process of early relationships.

Both parents and helping professionals do not have adequate information regarding the possibility of characteristically different attributes of reactivity in individual children. Because of this, variations (from mild to severe) in a



child's adjustment patterns is thought to be derived from problems in family dynamics or the parent's personality, or from inappropriate or poorly executed parenting approaches. Exclusive emphasis on these causative factors tends to assign blame to the parents enhancing, or in some situations, creating guilt and stress over parenting failures. This emphasis also tends to narrow the interventive approaches and orientation utilized by helping professionals in working with parent/child relationship problems. Additionally, helping professionals will be encouraged to place greater emphasis on the child's contribution to the interaction process and will reflect this orientation in innovative interventive approaches, in parent training and in assessment of children's problems.



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